

between 2006 and 2012. **RESULTS:** Our findings indicate that in the assessed time period an average yearly amount of approximately €5.5 million (calculation based on yearly average EUR/HUF exchange rates) is spent on second generation antipsychotics, which are prescribed and purchased with reimbursement but finally not used by the patients due to early medication discontinuation. Based on our calculations, the average yearly treatment costs of antipsychotics increased from €612 (2006) to €974 (2012) per patient in the assessed time period. The analysis of the NHIF database resulted, that the average yearly expenditure on different antipsychotics, varied between €173 and €2420 per patient. **CONCLUSIONS:** All-cause medication discontinuation is a major concern in the treatment of schizophrenia both from a clinical and both from a health economic perspective. In order to ensure resources are spent cost-effectively, it is crucial to identify methods which can improve treatment continuation and adherence of schizophrenia patients in the future.

### PMH32

#### ADJUNCTIVE THERAPY WITH PREGABALIN IN GENERALIZED ANXIETY DISORDER PATIENTS WITH PARTIAL RESPONSE TO SSRI TREATMENT: A COST-CONSEQUENCES ANALYSIS IN MEDICAL PRACTICE IN SPAIN

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**OBJECTIVES:** To compare the effect of adjunctive therapy with pregabalin versus usual care (UC) on health care costs and clinical and patients consequences in Generalized Anxiety Disorder (GAD) subjects with partial response (PR) to previous SSRI course in medical practice in Spain. **METHODS:** Post-hoc analysis of patients with PR to SSRI monotherapy enrolled in a prospective 6-month naturalistic study. PR was defined as a Clinical-Global-Impression scale score >3 and insufficient response with persistence of anxiety symptoms >16 in the Hamilton-Anxiety scale. Two groups (based on psychiatrist judgment) were analyzed 1) adjunctive therapy (AT) with pregabalin (150–600 mg/day) to existing therapy; or 2) usual care (switching to a different SSRI or adding another anxiolytic different than pregabalin). Costs estimation used year-2009 prices for GAD related health care resources utilization. Consequences were a health profile based on the combination of psychiatrist-based-measurements [HAM-A, CGI and Montgomery-Asberg-Depression-Rating (MADRS) scales], and patient-reported-outcomes [sleep (MOS-sleep), disability (WHO-DAAS II) and quality-of-life/quality-adjusted-life-year gain (EQ-5D)]. Changes in both health care costs and scale scores were compared separately at end-of-trial visit by a general-linear-model with covariates. **RESULTS:** Four-hundred-eighty-six newly prescribed pregabalin and 239 UC GAD patients [mean (SD) HAM-A 26.7 (6.9) and CGI 4.1 (0.5)] were analyzed. Adding pregabalin was associated with significantly higher mean (95% CI) score reductions vs. UC in HAM-A [-14.9(-15.6;-14.2) vs. -11.2(-12.2;-10.2),  $p < 0.001$ ] and MADRS [-11.6(-12.2;-10.9) vs. -7.8(-8.7;-6.8),  $p < 0.001$ ]. Changes in all patient-reported-outcomes favored significantly patients receiving pregabalin, including QALY gain: 0.13(0.12;0.14) vs. 0.09(0.07;0.10),  $p < 0.001$ . Health care costs were significantly reduced in both cohorts yielding similar 6-month costs; €1543 (1375;1711) UC and €1497 (1380;1614) pregabalin,  $p = 0.661$ . The effect of sex on costs and consequences were negligible. **CONCLUSIONS:** In medical practice, GAD patients with PR to SSRI experienced greater consequences improvements with adjunctive therapy with pregabalin versus UC, without increasing health care cost. The effect of pregabalin was independent of patient gender.

### PMH33

#### COST-EFFECTIVENESS OF ANTIDEPRESSANT AFTER 24 MONTHS OF TREATMENT BASED ON DISCRETE EVENT SIMULATION MODELING (DESM): AGOMELATINE VERSUS MATRIX COMPARATOR OF ESCITALOPRAM, SERTRALINE AND VENLAFAXINE IN A THAI SETTING

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**OBJECTIVES:** To compare cost-effectiveness of agomelatine versus an escitalopram-sertraline-venlafaxine matrix comparator. **METHODS:** A DESM describes course of depressive disorders with acute, continuation, and maintenance treatment of depression in Thai setting for 24 months. A sample of 250,000 patients with 100 simulations were assumed with Exigo® model. Antidepressants were analyzed for treatment of episodes(12–24 weeks), continuation phase(6–9 months), maintenance phase over 2 years follow-up. Data inputs included Thai data on disease parameters; Cost included antidepressants, drugs for insomnia, sexual side-effects, cognitive behavioral therapy(CBT), electroconvulsive therapy(ECT) and mean cost of psychiatric visits. Impact measures were derived from a systemic review. Results were presented as cost(Thai-Baht currency-THB) per Life-Year-Remission(LYR) averted and Quality-Adjusted Life Year(QALY) compared with branded antidepressants in the matrix comparator (46%escitalopram, 33%sertraline, 21%venlafaxine). Model simulation initiated with either agomelatine 25mg or comparators(escitalopram10mg,sertraline100mg,venlafaxine 150mg by random selection). Relapse cases required dose increase for each antidepressant, addition of CBT and ECT. Data on impact of treatment on quality of life in patients free from relapse, sexual side effects, insomnia were taken from cochrane database. **RESULTS:** During 24 months, patients treated with agomelatine cost 15,814.2THB and 20,232.0THB per LYR and QALY gains, whereas with comparator cost 17,999.6THB and 23,431.7THB per LYR and QALY gains. As a result, the incremental cost-effectiveness ratio(ICER) shows that agomelatine is the most cost-effective antidepressant for episodic treatment with/without continuation or maintenance phase, its cost being lower than comparator by 153,283 and 83,645 THB per LYR and QALY. These results were robust, probability sensitivity analysis suggested that agomelatine was effective for a willingness-to-pay of 300,000THB,95%CI of -146,120.4 to -179,651.0THB per QALY, with probability of >0.90. **CONCLUSIONS:** Based on the model, agomelatine is the most cost-effective

treatment option as compared with escitalopram,sertraline, and venlafaxine in a matrix comparator, with regard to side effects especially sexual dysfunction, agomelatine should be considered as the most cost-effective option for treatment of depression.

### PMH34

#### COST-EFFECTIVENESS OF PALIPERIDONE PALMITATE FOR THE TREATMENT OF SCHIZOPHRENIA IN GERMANY

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**OBJECTIVES:** Treatment with antipsychotic medication is an important element of relapse prevention in the management of schizophrenia and can reduce inpatient stays. Recently, the long-acting atypical antipsychotic paliperidone long-acting injectable (PLAI), a once-monthly LAI antipsychotic, was approved for treatment of schizophrenia in Germany. The study aims at estimating, based on a previously published model, the cost-effectiveness of paliperidone long-acting injections compared to other common antipsychotic treatment strategies in patients diagnosed with schizophrenia in Germany. **METHODS:** A Markov decision analytic model was adapted to the German health care system. The model considers the cost-effectiveness for PLAI as a maintenance treatment for patients with schizophrenia from the payer perspective. The patients transition between eight health states on a monthly basis over a 5-year time horizon. As therapeutic strategies PLAI, quetiapine, risperidone long-acting injections (RLAI), oral olanzapine, oral risperidone, zuclopenthixol decanoate, olanzapine long-acting injections (OLAI), oral typical and oral atypical were compared. Probability of relapse, level of adherence, side effects and treatment discontinuation were derived from the Swedish original model. Input factors regarding resource use and costs were estimated and adjusted for the German health care system. A probabilistic sensitivity analyses using cost-effectiveness scatter plots was performed to visualize the robustness of the results. **RESULTS:** In base case scenario PLAI is superior to RLAI in gained quality adjusted life years (QALYs) and avoided relapses. Relative to all other treatment strategies PLAI is more effective with regard to gained QALYs and avoided relapses but results in higher treatment costs over a 5-year horizon in base case scenario. The results were tested in probabilistic sensitivity analyses. **CONCLUSIONS:** PLAI dominates RLAI and compared to the other treatment strategies PLAI has shown to be more effective but results in higher costs in base case scenario.

### PMH35

#### COST EFFECTIVENESS ANALYSIS FOR THE USE OF EXTENDED RELEASE QUETIAPINE AS ADJUNCTIVE THERAPY IN MEXICAN ADULT PATIENTS WITH MAJOR DEPRESSIVE DISORDER NON-RESPONDERS TO ANTIDEPRESSANT TREATMENT

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Depression is present in 10% of patients attending primary care services and is generally not identified. In Mexico it is estimated a prevalence of 12% to 20% among adults between 18–65 years old. Up to 75% of patients treated with a selective inhibitor of serotonin reuptake (SSRIs) are not responding adequately. Atypical antipsychotics are an effective alternative for these patients. **OBJECTIVES:** To evaluate the cost-effectiveness (CE) of extended release (XR) quetiapine as adjunctive therapy (AT) in patients with major depressive disorder (MDD) that doesn't respond to antidepressant treatment (AD), compared with other antipsychotics listed in the Mexican Formulary (aripiprazole and olanzapine). **METHODS:** A Markov model was developed to perform and incremental analysis with weekly cycles during eight weeks time horizon, based on the meta-analysis developed by Komossa et al in 2010. Health states: remission, relapse and discontinuation of treatment. The model estimates the remission time gained (RG) by each AT alternative. The analysis was done from society perspective, considered direct costs, and reported in 2013 US dollars. **RESULTS:** Patients with AT with quetiapine XR had 1.83 weeks of RG, while patients under aripiprazole and olanzapine obtained 1.5 and 1.72 weeks of RG, respectively. Quetiapine XR compared to olanzapine generated an additional cost per patient of \$94.70, with additional RG of 0.11 weeks and ICER of \$881.73. Quetiapine XR dominated extended to aripiprazole. Robustness of results were confirmed by additional deterministic and probabilistic sensitivity analysis. **CONCLUSIONS:** The use of quetiapine XR as adjuvant treatment for non-responders patients is a cost-effective compared to aripiprazole and olanzapine, and could be considered as an option in an institutional setting.

### PMH36

#### HOW SHOULD AN ANTIDEPRESSANT WITH REDUCED RISK OF SEXUAL DYSFUNCTION BE POSITIONED IN TREATMENT STRATEGIES FOR PATIENTS WITH MAJOR DEPRESSIVE DISORDER?

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**OBJECTIVES:** Sexual dysfunctions (SD) is a common adverse event of antidepressants. It has a lasting impact on quality of life and is associated with an increased risk of early treatment discontinuation. Using an open-source Discrete Event Simulation model (<https://open-model-mdd.org/>), we performed a cost-effectiveness analysis comparing alternative sequences of treatments, to determine whether an antidepressant with moderate efficacy and reduced risk of SD should be positioned before or after a treatment with high efficacy and average risk of SD. **METHODS:** The model used was designed to simulate costs and QALYs in cohorts of patients with major depressive disorder (MDD), under alternative treatment strategies over 5 years. Each strategy consisted of up to 4 lines of treatment, with possibility to switch to different drugs when a patient experienced adverse events or lack of efficacy. We